

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO.

541994

FILING DATE 4-3-00

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1		1			
2						
3						
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49						
50						
TOTAL NO.	7					
TOTAL DEP.	9					
TOTAL ITEM.	16					

NO.	.		.		.	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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97						
98						
99						
100						
TOTAL NO.	122		155		122	
TOTAL DEP.	16		16		16	
TOTAL ITEM.	16		16		16	